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State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	The William W. Backus Hospital	Constitution Eye Surgery Center East, LLC
Doing Business As	Waterford Ambulatory Surgery Services	
Name of Parent Corporation	Backus Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	326 Washington St. Norwich, CT 06360	174 Cross Road Waterford, CT 06385
Applicant type (e.g., profit/non-profit)	Not-for-Profit	Profit
Contact person, including title or position	David Whitehead VP of Planning	Mr. Kristian Mineau, Administrator
Contact person's street mailing address	326 Washington St. Norwich, CT 06360	174 Cross Road Waterford, CT 06385
Contact person's phone #, fax # and e-mail address	(860) 889-8331 ext 2722 (ph) (860) 823-6329 (fax) dwhitehead@wwbh.org	(860) 701-0140 (ph) (860) 701-0161 (fax) krismineau@constitutioneye.com

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Freestanding Ambulatory Surgery Center

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

174 Cross Road, Waterford, CT 06385

d. List all the municipalities this project is intended to serve:

Norwich, Waterford and all adjacent municipalities currently in the Hospital's service area

e. Estimated starting date for the project: July, 2006

- f. Type of project: 11 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 803,900
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 40,000
Medical Equipment (Purchase)	275,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	18,900
Delivery & Installation	20,000
Total Capital Expenditure	\$353,900
Fair Market Value of Leased Equipment	450,000
Total Capital Cost	\$803,900

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☒ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: The William W. Backus Hospital; Constitution Eye Surgery Center East, LLC

Project Title: Waterford Ambulatory Surgery Services

I, Thomas Pipicelli, CEO
(Name) (Position – CEO or CFO)

of The William W. Backus Hospital being duly sworn, depose and state that the information provided in this CON

Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that

Waterford Ambulatory Surgery Services complies with the appropriate and applicable criteria
(Facility Name)

as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the
Connecticut General Statutes.

Thomas P. Pipicelli
Signature

3/21/06
Date

Subscribed and sworn to before me on 3/21/06

Wanda B. Donahue
Notary Public/Commissioner of Superior Court

WANDA B. DONAHUE
NOTARY PUBLIC

My commission expires: MY COMMISSION EXPIRES FEB. 28, 2010

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

Waterford Ambulatory Surgery Services

The William W. Backus Hospital ("Backus"), plans to establish a multi-specialty surgery center known as the Waterford Ambulatory Surgery Services, LLC. The Waterford ASC will enter into arrangements with Constitution Eye Surgery Center East ("Constitution") pursuant to which Waterford ASC will sublease the space currently licensed as an ambulatory surgery center in Waterford, Connecticut (the "Center") on those days in which Constitution does not utilize the Center for eye surgery.

The Waterford ASC will be organized to operate as a licensed outpatient surgical facility. The affiliate will be owned by The William W. Backus Hospital ("Backus") and physician-surgeons who would be performing ambulatory surgeries at the Center during periods the Center is leased by the Waterford ASC. The Waterford ASC would pursue its own licensure as a separate and distinct outpatient surgical facility under the Public Health Code. The Waterford ASC and Constitution would engage in independent clinical activity.

The Waterford ASC will lease existing space, equipment and staff from the Center necessary to the operations of the Waterford ASC on a fair market value ("FMV") basis. By utilizing the existing space and equipment of the Center, any necessary capital expenditures for the operation of the Waterford ASC will be minimal. In addition, the Center, through arrangements with its own service suppliers, would provide all necessary billing services for the Waterford ASC. In addition, Waterford ASC will enter into a management agreement with Constitution Surgery Centers, LLC.

All the procedures to be provided by the Waterford ASC will be well-established ambulatory surgical procedures, including but not limited to orthopedics, ENT, plastic surgery, urology and podiatry surgical services. Patients will benefit from the convenience of this ambulatory setting within the already established Center, and the ability of package pricing for facility and professional fees.

At present, the Center is the only freestanding ambulatory surgery center in the Backus service area, but its operations are limited to the field of ophthalmology. This project will allow full use of the capacity that has already been built into this Center.

The proposed Waterford ASC patient population to be served will be consistent with patients served by physicians who will provide services at the Waterford ASC. The Waterford ASC will make its services available in all medically necessary and appropriate cases, regardless of a patient's payment source or ability to pay. By utilizing existing surgical space at the Center, the proposed services can be introduced to the community promptly and efficiently. The Waterford ASC anticipates contracting with all major public and private payors.